

## The Affordable Care Act

### MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act) (P.L. 111-148). It authorized the creation of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, which facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs.

The program is designed to (1) strengthen and improve the programs and activities carried out under Title V of the Social Security Act; (2) improve coordination of services for at-risk communities; and (3) identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities.

MIECHV includes grants to states and six jurisdictions; and grants to Indian Tribes, Tribal Organizations, and Urban Indian Organizations. The legislation requires that grantees demonstrate improvement among eligible families participating in the program in six benchmark areas:

- Improved maternal and newborn health;
- Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits;
- Improvement in school readiness and achievement;
- Reduction in crime or domestic violence;
- Improvements in family economic self-sufficiency; and
- Improvements in the coordination and referrals for other community resources and supports.

MIECHV is an evidence-based policy initiative and the authorizing legislation requires that at least 75 percent of grant funds be spent on programs to implement evidence-based home visiting models. Currently, thirteen home visiting models meet the HHS criteria and are eligible for the 75 percent funding. Additionally, up to 25 percent may be spent on promising approaches that must be rigorously evaluated. (For more information on the evidence-based models, please see <http://homvee.acf.hhs.gov/>.)

The MIECHV program includes \$1.5 billion in funding during Fiscal Years 2010-2014, including a three percent set-aside for grants to tribal entities and a three percent set-aside for research and evaluation, including a required national evaluation: \$100 million in FY 2010; \$250 million in FY 2011; \$350 million in FY 2012; \$400 million in FY 2013; and \$400 million in FY 2014. Grants to states are subject to the condition that the state gives service priority to families residing in at-risk communities as identified by the statewide needs assessment. The program is administered by the Maternal and Child Health Bureau, Health Resources and Services Administration, and the Administration for Children and Families (ACF).

The Tribal MIECHV program, administered by ACF, mirrors the state program to the greatest extent practicable. The goal of the program is to support the development of happy, healthy, and successful American Indian and Alaska Native children and families through a coordinated home visiting system.

Priority populations were identified as those eligible families that: (A) reside in communities in need of such services, as identified in the statewide needs assessment; (B) have low-income; (C) include pregnant women who have not attained age 21; (D) have a history of child abuse or neglect, or those who have had interactions with child welfare services; (E) have a history of substance abuse, or need substance abuse treatment; (F) have users of tobacco products in the home; (G) have a history of, or have children with low student achievement; (H) have children with developmental delays or disabilities; and (I) include members of the military.

**For further information on the MIECHV program, please visit: <http://www.mchb.hrsa.gov/programs/homevisiting> and <http://www.acf.hhs.gov/programs/occ/initiatives>. To learn more about the Affordable Care Act, visit [www.HealthCare.gov](http://www.HealthCare.gov).**

*The Health Resources and Services Administration (HRSA), part of the U.S. Department of Health and Human Services, is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. For more information about HRSA and its programs, visit [www.hrsa.gov](http://www.hrsa.gov).*

*With the mission of promoting social and economic well-being, the Administration for Children and Families (ACF) administers more than 60 programs with a budget of more than \$51 billion, making it the second largest agency in the U.S. Department of Health and Human Services. Our broad range of programs—which include family assistance, Head Start, child welfare and other programs for families and children—share an overarching goal: to help people in need achieve the American dream of prosperity, good health, independence, and bright futures for their children. For more information, please visit <http://www.acf.hhs.gov/>.*